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MODIFIED PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))	Attorney Docket No. 011738.00133	
	First Inventor	Osorio
	Title	CONFIGURING AND TESTING TREATMENT THERAPY PARAMETERS FOR A MEDICAL DEVICE SYSTEM
	Express Mail Label No.	EV306394675US

19270-1115 PTO  
10/687135



101503

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 77] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 33] a. <input checked="" type="checkbox"/> Formal; or b. <input type="checkbox"/> Informal</p> <p>5. Oath or Declaration [Total Pages ] a. <input type="checkbox"/> Newly executed (original or copy); or b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>17. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		22908		or <input type="checkbox"/> Correspondence address below	
		(Insert Customer No. or Attach bar code label here)			
Name	Binal J. Patel				
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	Suite 3000				
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Country	U.S.A.	Telephone	312-463-5000	Fax	312-463-5001

Name (Print/Type)	Binal J. Patel	Registration No. (Attorney/Agent)	42,065
Signature		Date	October 15, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td>October 15, 2003</td></tr> <tr><td>First Named Inventor</td><td>Osorio</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>011738.00133</td></tr> </table>		Application Number		Filing Date	October 15, 2003	First Named Inventor	Osorio	Examiner Name		Art Unit		Attorney Docket No.	011738.00133
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<p><b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1076</p>															

<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p><input type="checkbox"/> Check   <input type="checkbox"/> Credit card   <input type="checkbox"/> Money   <input type="checkbox"/> Other   <input checked="" type="checkbox"/> None Order</p> <p><input type="checkbox"/> Deposit Account:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">19-0733</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 20px;">Banner &amp; Witcoff, LTD.</span></p> <p>The Director is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below   <input type="checkbox"/> Credit any overpayments</p> <p><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>					<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																																
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<p><b>SUBMITTED BY</b></p>				<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	Binal J. Patel	Registration No. (Attorney/Agent)	42,065	Telephone	312-463-5000
Signature		Date	10-15-03		

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Title: CONFIGURING AND TESTING TREATMENT THERAPY PARAMETERS FOR A MEDICAL DEVICE SYSTEM

Inventor: Osorio et al.

Serial No.:

Filing Date: October 15, 2003

- Fee Transmittal Sheet (1 page) in duplicate
- Utility Patent Transmittal (1 page) in duplicate
- ADS (5 pages)
- Specification (77 pages) 37 claims/2 independent and abstract
- Formal Drawings Figs. 1-33 (33 pages)
- Return Receipt Post Card

Attorney Docket No.: 011738.00133